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AUTHOR Huntington, Gail S.; And Others
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ABSTRACT

Visits were made to selected respite care and crisis nursery programs in order to describe the programs and services they offered to families of young children with special needs and to learn more about the families who used the services and the staff who provided them. The visits to 10 crisis nurseries and 24 respite care programs resulted in interviews with 175 families and 203 staff. Sites were chosen to represent a variety of service delivery models; geographic areas; and urban, rural, and suburban communities. The study found that interviewees from the crisis nurseries were likely to be single, divorced, or separated women; White or African American; and not working outside their home, while respondents from respite care programs were more likely to be White married women who worked full-time. Both mothers and fathers using respite care services had higher levels of education and better jobs than did parents using crisis nurseries. Families using crisis nurseries were more likely to feel they had little control over their lives, to be out of work, to have financial problems, and to be dissatisfied with family functioning. Respite care workers were happier with their jobs than were those working in crisis nursery settings. An appendix provides copies of the interview forms. (Contains 10 references.) (JDD)

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Crisis Nursery and Respite Care Programs: Site Visit Results of Staff and Family Interviews

Winter and Spring of 1991

Gail S. Huntington, Ph.D.
JoAnn Garner-McGraw, M.Ed.

Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

David Langmeyer, Ph.D.

North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Access to Respite Care and Help (ARCH), The National Resource Center for Crisis Nurseries and Respite Care Services

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All of the individuals who participated in the interviews were informative, and freely offered opinions and information - it truly was a pleasure to have the opportunity to talk with them. Program directors and staff were proud of their programs and eager to 'show case' it to visitors. The ARCH Research and Evaluation team members were provided with all the help necessary to conduct the visits and treated with the utmost courtesy at every site. It was a grueling six months, but the people met, the places visited, and the increased understanding of the programs, made it more than worthwhile. We cannot say a strong enough 'thank you' to all the people, both families and program staff, who made the visits so successful.

Crisis Nursery and Respite Care Programs:

Site Visit Results of Staff and Family Interviews

Introduction

The Research and Evaluation Component of ARCH, The National Resource Center for Crisis Nurseries and Respite Care Services, conducted two evaluation activities during 1990-1991, a program survey and a series of site visits.. The purpose of these activities was to describe the programs and the services they offered, and to learn more about the families who used the services and the staff who provided them. Program information was gathered through two surveys sent to state level grantees and direct service programs. The results of these surveys have been summarized and the report is available upon request.

The second activity undertaken to describe the respite care and crisis nursery programs was a series of visits to selected sites. Sites were chosen to represent a variety of service delivery models, all geographic areas of the country (with the exception of Alaska, Hawaii, and Puerto Rico), and a mixture of urban, rural, and suburban communities. The two days spent at most sites were devoted to interviews with program staff and families. Family interviews lasted an hour or more, including the completion of a series of family assessment measures. Staff interviews were slightly shorter, due in large part to the smaller number of assessment measures completed. A structured interview format was developed for both families and staff. During the time spent talking with families and staff, the questions on the interview protocols were covered in conversation or as specific objectives. Interview protocols are included in the Appendix. A reference list of all assessment measures can be found at the end of the report.

The report of data from the site visits will be divided into two main sections: (1) family interviews and measures, and (2) staff interviews and measures. Within these two sections, responses from crisis nursery and respite care families and staff will be presented.

Visits were made to 34 sites: 10 crisis nurseries, and 24 respite care programs. A total of 175 families participated in the interviews: 53 families at crisis nurseries and 122 at respite care programs. In the majority of cases, it was the mother who participated in the interview and completed the assessment measures. There were some instances in which both parents participated, consequently, the N will vary on some measures. There were 203 staff interviews: 61 crisis nursery staff and 142 respite care staff.

Family Interviews

<u>Crisis Nursery Programs</u>

Among the family members completing the interview at crisis nurseries, 91% were mothers, and the remainder fathers, grandmothers or other relatives. Forty five percent of those interviewed at crisis nurseries were African American and 45% were white. The other 10% were Native American or Other. One quarter were married, 34% were single, 15% were divorced and 15% were separated, and the final 11% were either widowed or Other. Among the 19 spouses/partners for whom information was available, 63% were African American, 26% White, and 11% were Asian or Other. Mother's ages ranged from 19-54 years (Mean=32), and their spouses/partners from 23-74 years (Mean=36). The families in the crisis nurseries had from one to nine children (Mean=3) ranging in age from less than six months to 26 years.

Among the mothers using the crisis nursery services, 33% had less than a high school education; 19% had a high school degree or had earned a GED; 46% had gone on to earn a technical degree or acquire some college credits; and 2% had undergraduate degrees. Although only half of the mothers provided information about their current working status, all but three provided information

about their usual occupation. Of the 26 mothers for whom there are data, 81% reported being employed full-time and 19% part-time. The usual occupations of the mothers ranged from unskilled labor to technical and semi-professional jobs.

Data on 18 fathers using crisis nurseries showed that 28% had less than a high school degree; 50% a high school diploma or had earned a GED; and 22% had received technical school training or some college. Occupations of the 17 fathers reported encompassed the range of unskilled labor to technical/semiprofessional as did the mothers'. A total of 14 fathers were reported to be working and all were working full time.

Family Demographics - Crisis Nursery Programs

	Respondent's Age	Spouse's Age	Num. of Children
N	53	19	53
Mean	31.55	36.42	3.38
SD	7.70	13.17	1.90

Respondent's Race	%	N	Spouse's Race	%	N
African American	45	24	African American	27	5
White	45	24	White	63	12
Hispanic	4	2	Asian	5	1
Other	6	3	Native American	5	1

Mother's Education	%	N	Father's Education	%	N
Less than high school	33	17	Less than high school	28	5
High school/GED	19	10	High school/GED	50	9
Some college or technical school	46	24	Some college or technical school	22	4
Undergraduate degree	2	1			

Mother's Occupation	%	N	Father's Occupation	%	N
Unskilled	30	15	Un- or Semi-skilled	41	7
Semi-skilled	52	26	Skilled	47	8
Clerical, sales, technical	18	9	Technical	12	2

Families used crisis nursery services for many reasons including prevention of out-of-home placement of their child(ren) (36%); illness of the primary caregiver (25%); help for the child's special needs (23%); drug related problems of the parent or child (19%); stress relief (16%); protective services request (15%); escape from domestic violence (12%); homelessness and self referral following the information gained from a public service announcement about the program, both 11%; and to enable the mother to take a class (6%).

With the exception of two families who said they had no particular expectations, families had four predominant expectations for what they hoped their family would gain from using crisis nursery services. These were, a break from child care (28%), time to care for emergency or medical needs of a family member (25%), support for their parenting efforts and social interactions for their child(ren) (23%). Somewhat fewer parents hoped it would improve their family situation (13%), or provide time for the parent to get drug treatment (10%). When asked later in the interview what they felt they had actually gained, the responses were somewhat different. The majority of parents (54%) felt they had gained social support and emotional stability for themselves and their child(ren). Additionally, 23% attained time to rest and reduced stress, 21% acquired new parenting skills, 13% secured time to care for medical needs of other family members, and stabilization of the mother through drug treatment, and 12% received quality child care so they did not have to worry about their child(ren). A further 10% or less believed their family had been preserved through using the program, were able to relieve older siblings from caretaking

responsibilities, experienced a decrease in the risk of abuse, or found stable housing for their child(ren) during a period of homelessness.

Prior to receiving services from this program, 92% of the families interviewed had received no crisis nursery services, and when crisis nursery services were available to them, some families (13%) used them only once or twice. However, most families used them more often, with 47% indicating they used the services more than once a week, 19% once or twice a month, and 8% about once a week. Child care was provided in a variety of settings. For one family, the care provider came to the home; in 15% of the families, the child(ren) went to the care provider's home; 58% received care in a center during the day, and 15% overnight; and 24% received other kinds of care. Most children stayed for a full day or overnight, although a few stayed for as short a period as an hour or two, or as long as a weekend.

When asked how they used their time while their child(ren) were being cared for, most parents listed a variety of activities. Many parents (36%) used the time to run errands or get other work done, to spend time alone or for emergencies (21%), and in a variety of Other ways (66%).

Families using crisis nursery services often receive other services as well. Among these are public assistance (79%), public health (70%), service coordination or other social work services (55%), and counseling (53%). Fewer than 10% receive mental health, home health, day care or after school programs.

When asked what was the most helpful part of the program for their family, 60% of the parents from the crisis nurseries answered the quality of care so that they knew their child was safe, 40% named the social support and link to other supports they gained, 26% specified the flexibility of the programs to family needs, and 19% listed a variety of miscellaneous services.

Of those parents interviewed at crisis nurseries, 49% could think of nothing to improve the programs. Of the 27 parents who had suggestions for improving the program, 56% suggested increasing the hours of operation, the number of caregivers and/or the number of families served. In addition, 22% mentioned parent support, 11% transportation issues, 7% recommended that programs increase their outreach efforts in order to reach more families. and 22% made miscellaneous suggestions.

Respite Care Programs

Among those who participated in family interviews at the respite care sites, 79% were mothers, 13% were foster mothers, 4% fathers, 2% grandmothers and 2% Other relatives. Almost two thirds (65%) were married, 12% each were single and divorced, and the rest (23%) separated, widowed, or Other. The racial distribution of those interviewed was different from that of the crisis nursery parents in that 85% were white and only 8% were African American. There were 5% who were Hispanic and one each Native American and Other. Among the 79 spouses/partners for whom data were available, 92% were white, 5% African American, one Native American and two who were Hispanic. The average age of those interviewed was 40 years (Range=19-77), and that of the 82 spouses for whom there were data was 42 years (Range=24-70). As with the crisis nursery families, there was an average of three children per family with a range of one to nine.

Among the mothers using respite care services, 20% had less than a high school degree; 21% a high school diploma or GED; 35% earned a technical degree or attended college; and 24% had an undergraduate or graduate degree. Mother's occupations ran the full range from unskilled service workers to executives, with more than three quarters (79%) falling in the semiskilled to technician area. Eighty percent of the mothers worked outside the home with 61% working full time.

Of the 86 fathers for whom there were data, 16% had less than a high school education, 23% high school or a GED, 27% some college or a technical school degree, 17% an undergraduate and 16%

a graduate degree. As with the mothers, the occupation of the fathers ran the full gamut of unskilled service worker to executive, with nearly a quarter (24%) in the skilled manual worker category. Slightly more than a quarter (27%) were administrators or executives, and 31% in the technical and sales areas. Among the 76 spouses/partners with data, 96% worked full time.

Family Demographics - Respite Care Programs

	Respondent's Age	Spouse's Age	Num. of Children
N	122	82	122
Mean	40	42	3
SD	10.1	9.9	2.2

Respondent's Race	%	N	Spouse's Race	%	N
African American	8	10	African American	5	4
White	85	104	White	91	72
Hispanic	5	6	Asian	1	1
Native American	<1	1	Native American	3	2
Other	<1	1			

Mother's Education	%	N	Father's Education	%	N
Less than high school	20	23	Less than high school	16	14
High school/GED	21	25	High school/GED	23	20
Some college or technical school	35	42	Some college or technical school	18	15
Undergraduate Degree	17	20	Undergraduate Degree	18	15
Graduate Degree	7	8	Graduate Degree	16	14

Mother's Occupation	%	N	Father's Occupation	%	N
Unskilled	7	8	Un- or Semi-skilled	14	11
Semi-skilles	53	62	Skilled	24	19
Clerical, sales, technical	26	17	Sales and technical	22	17
Professional	14	17	Professional	40	31

A majority (59%) of families started using respite care through a referral from another program, 34% because they needed help in meeting their child's special needs, 25% to get a break from child care, and 12% to get social opportunities for their child. Less than 10% of the families interviewed began using the program's services to have time with their other child(ren) and/or spouse, because it was part of the foster care contract, they needed it to meet the medical needs of other family members, to prevent removal of the child from the home, or because of the low cost.

Near the beginning of the interview, parents were asked what they had hoped to gain when they began to use the services. Although family expectations were diverse, almost half (47%) hoped for a break from child care. Other expectations named were time to spend with their other children and/or spouse (21%), trained care providers (18%), and help for meeting their child's special needs and social opportunities for their child (16%). Ten percent or less hoped to gain time for a vacation, low cost of the service, relief from child care to meet the family's daily needs, or family support. When asked what they felt the family actually did gain, 41% replied a break from child care, 36% specified that they felt their child was more independent and had learned new things, 30% cited more time for other family members, and 24% each mentioned general family support and stress reduction/peace of mind. Additional areas mentioned by less than 10% were prevention of out-of-home placement, improved quality of life or parenting skills, time to accomplish daily chores, low cost, and a child who was easier to manage.

A third of the families interviewed used respite care more than once a week, on average, and 29% used it only about once or twice a month. A few families (4) had not used the service at all, while

9% had used it only once or twice, 16% about once a week, and 10% for some Other period. For the majority of families, there were two main types of respite care provided. More that half of the families (52%) had a care provider come to the home, and for 23%, their child had gone to the home of the care provider. For 21% of the families, care was provided in a center during the day, and for 16% overnight. The length of stay varied from as short as one to two hours (19%) to a week (9%). The most frequently reported times were three to five hours (42%) and full day (35%). Parents used their respite time to do things with their other children (38%) or their spouse (40%), get work done (28%) or run errands (43%), to spend time alone or for Other purposes (33%).

Families who received respite care services also received other services. For example, 54% received public health services, 44% public assistance (generally in the form of Medicaid), 41% were furnished with service coordination or other social work services, and 23% received counseling. Less than 10% are provided with home health and/or mental health services, day care, or after school care.

Prior to receiving respite care from this program, 62% of the families had not had respite care. Twelve percent had in-home sitters through community agencies and 9% through center-based regional or state facilities. Less than 5% had privately paid respite, home health respite, or services from this same agency prior to the grant period.

The parents interviewed found many parts of the respite programs to be helpful. However, only the high quality of the care providers was endorsed by a large percentage (42%). Other areas mentioned by less than 15% of parents included program flexibility, in-home care provision, availability of care on short notice, the program's soliciting input from parents, the supportive and friendly staff, having a consistent care provider, the program's providing families with a break at an affordable cost, and a reliable respite care service that could be counted on.

Slightly more than a quarter (26%) of those interviewed could think of nothing to improve the program. Of those responding, more than half (52%) felt the program would be improved by making more hours of respite care available. Making more care providers available was mentioned by 18%, and more flexibility in scheduling respite care hours was recommended by 17%. Less than 10% proposed more parent support, more convenient care provision, simplified paperwork, more training, sibling involvement, and transportation and access to activities.

Family Assessment Measures

Following the structured interview, families at both respite care and crisis nursery sites completed a number of measures of family functioning. Results from crisis nurseries will be compared to those from the respite care programs.

Two measures were completed by the ARCH interviewer and the parent together. The first of these was the FAMILIES Index (Simeonsson, 1987). This is an eight item instrument with each letter in the acronym representing an area of family functioning - Financial resources, Affective climate, Motivation for change, Interpersonal relationships, Locus of control, Ideals/values, Expression/communication, Support network. It is scored on a five point scale with behavioral anchors at the odd numbers. One is the highest level of functioning and five the most maladaptive. The full range of responses was used for each item. Performing a Student's t-Test, revealed a significant difference in the mean value for five items, with crisis nursery families having higher scores, indicating more problematic functioning in those areas. Results of the t-Test are shown below.

FAMILIES Index - Comparison of Respite and Crisis Scores

	Crisis Nurseries		Respite Care		
Item	Mean	SD	Mean	SD	P value
Financial resources	3.92	1.14	3.14	1.20	.0001
Affective climate	1.86	1.86	1.47	1.47	.02
Motivation for change	2.20	1.16	1.91	1.11	NS
Interprofessional relationships	2.78	1.40	2.16	1.06	.002
Locus of Control	2.82	1.22	2.41	1.02	.04
Ideals/values	1.60	.97	1.44	.74	NS
Expression/communication	1.98	1.33	1.71	1.02	NS
Support network	3.26	1.50	2.29	1.44	.0002
Total (R=5-40)	20.35	5.41	16.52	4.58	.0001

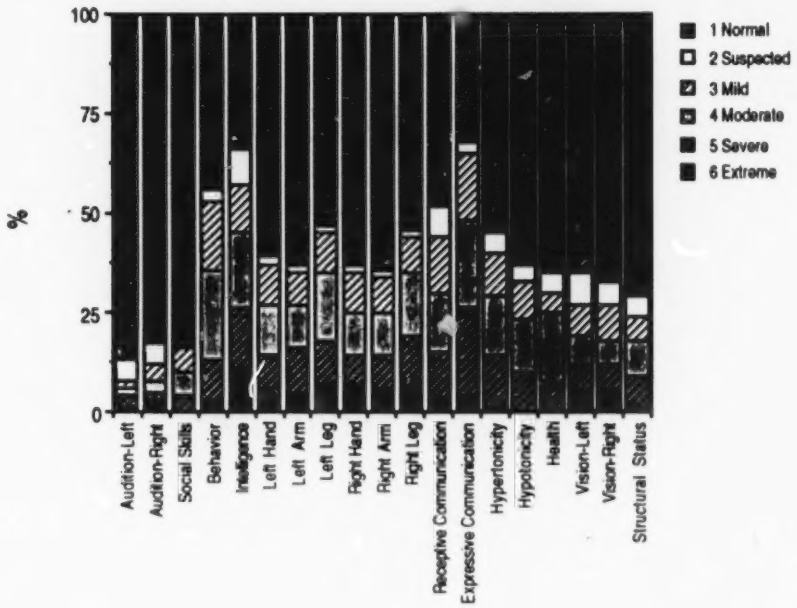
As can be seen, financial resources are an area of need for families in both groups, with those using crisis nursery facilities indicating greater need. For three items, affective climate, ideals, and communication, both groups indicated relatively few problems. The greatest difference between groups appears in the area of support, with families using crisis nurseries reporting far less adequate support from family and friends. They also reported fewer and less positive contacts with professionals. These findings warrant further investigation.

The second measure completed by the parent and the ARCH interviewer together was one of child characteristics. The ABILITIES Index (Simeonsson & Bailey, 1991) was completed on 100 children with disabilities whose families were receiving respite care. Children with disabilities can be described in more than one way. For example, they can be described on the basis of the etiology of the disability, e.g., Down syndrome, fetal alcohol syndrome. A second descriptive technique is that of labeling the disability, e.g., mental retardation, emotional disturbance. A third approach is the use of a profile to describe a set of functional characteristics. A feature of profiles is the tendency to rely on ratings of ability rather than specific assessments. A major advantage to this approach is that it presents a broader picture of the child, and includes areas in which the child may enjoy normal ability, information that is not always included in assessment measures. In order to obtain the data for the ABILITIES scale, parents were asked to rate their children's functioning across nine areas - Hearing, Behavior and Social Skills, Intellectual Functioning, Limbs, Intentional Communication, Tonicity, Integrity of Physical Health, Vision, and Structural Status. These nine areas are subdivided when appropriate. For example, left and right eyes and ears; Limbs describes hands, arms and legs separately ; Tonicity includes both hyper- and hypo-tonicity; Communication encompasses both expressive and receptive communication. This is, of course, not a finite number of areas of functioning, and may not capture the full range of characteristics of the children rated. Ratings in each area are made on a scale of 1-6, with 1 indicating normal ability, 2 (suspected) indicating some question about the child's ability in that area, 3 mild, 4 moderate, 5 severe, and 6 indicating extreme or profound lack of ability. Total scores can range from 19-114.

Analysis indicated that the individual item scores for children receiving respite care ranged from one to five or six, attesting to the inclusion of children with serious disabilities. The majority of children included in this analysis had two or more areas in which they were rated as mildly to profoundly impaired. Mean scores on individual items were in the mild to moderate range, however, varying from 1.33-3.10. As can be seen in the graph, 25% of the children had severe or profound cognitive and/or expressive language disabilities; and 20% had severe or profound disabilities of one or more limbs. On the other hand, there were some children who were at risk of developing delays, e.g., young children with Down syndrome, but who were functioning within the normal range at the time of the interview. Total scores for the group ranged from 19-87, with a Mean of 40.21 (SD=16.88), again, indicating overall mild to moderate disability based on parental

perception of level of functioning. However, the ongoing caregiving demands of this group of children is a source of continuous stress to families, for which the respite care program can offer only short-term relief.

ABILITIES Scale - Children Receiving Respite Care



Every family experiences problems or difficulties at one time or another. Faced with difficulties, families have an array of actions to choose among in order to respond to the problem. The F-COPES, (McCubbin, Olsen & Larsen, 1981) offers a variety of possible actions and asks families to indicate how likely their family is to use that action to deal with difficulties. There was considerable concordance between families using respite care and crisis nursery services on the actions they take and on the actions they do not take. Both agreed that they do not accept charity from, or share their problems with, friends or neighbors. They also agreed in rejecting behaviors that ignored the problem - watching television, exercising, trusting in luck and waiting until the problem went away. The actions that received the highest endorsement from both sets of parents were accepting that difficulties occur unexpectedly, defining problems in a more positive way so as not to become too discouraged, and having faith in God. Families using crisis nursery services were significantly more likely than families using respite services to seek professional help or counseling for family difficulties, to have faith in God, and to believe they would have difficulty handling problems no matter what they did to prepare themselves. In addition, a significant difference was found to exist on the total score for coping between the two sets of families. This finding indicated families using respite care services had a more extensive coping repertoire than did families using crisis nurseries.

The Family Resource Scale (Leet & Dunst, 1988) was designed to assess the adequacy of family resources to meet the needs of the family as a whole, as well as the needs of the individual family members. The items are arranged in a hierarchical order from most basic needs (food for two meals a day) to more luxury needs (time and money for travel/vacation). Responses can be NA (e.g., Public assistance), or on a five point scale that runs from Not At All Adequate to Always

Adequate. Of the 27 items on the scale, 10 were statistically different, and the difference between the total scale scores was significantly different (CN=5.96, RC=7.08; p<.0001). Although families from both respite care and crisis nursery programs reported they were Usually or Always Adequate, responses from families using respite care services were significantly higher than those from families using crisis nurseries in terms of the adequacy of food, housing and money for necessities. Respite care respondents were significantly more likely to have a good job for themselves or their spouse/partner, dependable transportation, time to get enough sleep/rest, and time to be alone. Families in both crisis nursery and respite care programs reported money for entertainment, money to save and money for travel/vacation to be Not At All or Seldom Adequate. Families at crisis nurseries were significantly more likely to report inadequate funds for family entertainment and for travel. For time to socialize and time to be by oneself, both sets of families reported inadequate resources. The one item on which families at crisis nurseries reported significantly more adequate resources than families at respite care programs was in the area of time for the family to be together. This finding may be related to the report by families from crisis nurseries of more frequent unemployment. It may be that adult family members are home more often since they are not working.

Most people have a view of the world that says either 'I have some control over the outcomes in my life' or 'Forces outside of me control the outcomes in my life'. The measure used to examine this aspect of functioning was the Nowicki-Strickland Locus of Control Scale (Nowicki & Duke, 1974). Respondents reply Yes or No to a series of questions about their behavior in a variety of settings. Given the stressors that impose themselves on families in the crisis nursery settings, it was not too surprising to discover that significantly more of them had an external Locus of Control, that is, believe that it is forces outside themselves that control the outcomes in their lives. Less than half (44%) of the families interviewed at crisis nurseries had a sense of internal control, while two thirds of the families in the respite care programs had an internal locus of control. This finding parallels that of the FAMILIES Index item that found families from crisis nurseries to be significantly more likely to see events as beyond their control.

Although it may appear that a family's situation is less than ideal, the members of that family may be satisfied with the way the family functions and be less stressed by their circumstances than would be expected. A scale that asks family members five questions about their satisfaction with some aspects of family life is the Family APGAR (Smilkstein, 1978). Individuals are asked how satisfied they are with the way their family responds to them when something is troubling them, the way in which family members talk things over, the way their family supports their decisions to take on new activities, the ways in which their family expresses affection, and the way in which the family shares time together. Responses vary on a three point scale from Almost Always to Almost Never. As is shown below, families using respite care services had significantly higher mean scores on thetotal score and on four of the five items on this scale than did families using crisis nurseries, indicating greater satisfaction with family functioning. These findings may be an affirmation of the obvious, since families in crisis are likely to be suffering more disarray and less optimal functioning. On the other hand, families with a child who has disabilities cope with chronic stress, which assuredly could affect family functioning. The sources of satisfaction and dissatisfaction need to be explored more thoroughly.

Family APGAR Comparison

	Crisis Nurseries		Respite Care		
I am satisfied with the way:	Mean	SD	Mean	SD	P value
I can turn to my family when I am troubled	1.20	.74	1.63	.61	.0003
my family talks things over with me	1.30	.72	1.59	.56	.003
my family supports my taking on new activities	1.34	.76	1.63	.57	.004
the way my family expresses affection	1.37	.73	1.66	.52	.002
the way we share time together	1.37	.70	1.47	.57	NS
Total score (R=0-10)	6.55	2.60	7.98	1.83	.0001

Parental satisfaction with the services they were receiving was measured by the Service Satisfaction Scale (Garner-McGraw, 1990). Parents expressed their satisfaction with services by indicating how strongly they agreed with a series of 16 statements, the stronger the agreement, the greater the satisfaction. Overall, families in both sets of programs indicated satisfaction with the services they were receiving. Analysis revealed that crisis nursery families were more satisfied than respite care families on four items: 1) enjoyment of their child since participating in the program, 2) their knowledge of community services, 3) the information they have access to, and 4) the increased involvement of their spouse/partner with their child's development.

Correlates of Family Functioning

It would appear from the results of the individual measures that families using crisis nurseries had less satisfying, supportive, and appropriate family functioning than families using respite care programs. The question becomes, what might be the areas of personal or family characteristics that could account for these differences? Based on the information available on the families in this study, it could be hypothesized that fewer resources, a belief that forces outside oneself affect the outcomes in ones life, less satisfaction with ones family interactions, and less adequate coping mechanisms would lead to less adequate functioning. In order to test this hypothesis, the data were analyzed through a regression procedure in which the total score on the FAMILIES Index was used as a marker for family functioning. The predictors were the Family Resource Scale, Locus of Control Scale, the Family APGAR, and the F-COPES. Results indicated that a slightly different model accounted for the variance in family functioning for the two sets of families. As can be seen below, 42% of the variance in family functioning in families using crisis nurseries can be accounted for by the parent's locus of control and the adequacy of family resources. Family coping strategies account for a small, but statistically significant, amount. In all, 47% of the variance can be accounted for by these three measures. For families using respite care services, on the other hand, slightly less variance was accounted for (43%) and the predominant predictor was parental satisfaction with family interactions (28%). Family resources, 11%, and parental locus of control, only 3%, made up the rest of the model.

Model Predicting Family Functioning In Families Using Respite Care Services

Variable	Partial R^2	Model R^2	F value	Prob >F
Family APGAR	.28	.28	41.62	.0001
Resources	.11	.38	18.58	.0001
Locus of Control	.03	.41	5.69	.02

Model Predicting Family Functioning In Families Using Crisis Nursery Services

Variable	Partial R^2	Model R^2	F value	Prob >F
Locus of Control	.23	.23	13.28	.001
Resources	.19	.42	14.53	.001
Coping Strategies	.05	.47	4.25	.04

It would appear from these results that, when resources are not a major concern, personal satisfaction with the way in which one's family operates has a larger impact on one's perception of how well the family functions. But, when resources are more scarce and one believes outside forces have more control over the outcomes in one's life, satisfaction with family life does not play a role in family functioning. These findings support Maslow's hierarchy of functioning. When the basics of life are not taken care of, there is little room for the luxury of personal philosophical musings.

Program Staff Interviews

In addition to interviewing families at each site, care providers and other staff participated in the interview process. Results for the staff interviews will be presented first for crisis nursery staff, followed by respite care staff.

Crisis Nursery Staff

There were 61 care providers from crisis nurseries who participated in the interviews. Of this number, 49% were White, 39% were African American, 5% Native American, and 7% Other. Almost all of these were women (95%) whose average age was 39 (Range=20-59). In the preceding three years, the care providers, who had an average of 10 years (Range=6 months to 30 years) of human services experience, had attended a mean of three classes and two workshops on early childhood; and a mean of three classes and three workshops on families. Six percent reported having an Associates degree, 38% a Bachelors degree, 28% a Masters, and one person reported having a doctoral degree. The most frequently reported area of study for both undergraduate and master's degrees was Social Work. The remaining 26% of the care providers had a high school degree or less. More than three quarters (78%) of the crisis nursery care providers were themselves parents. There were 33% who described themselves as having administrative positions with the program, 65% who were direct service providers, and one consultant.

Demographic Information - Crisis Nursery Staff

	Respondent's Age	Years of Work
N	60.0	53.0
Mean	39.0	9.7
SD	10.1	6.9

Respondent's Race	%	N	Education	%	N
African American	39	24	High School	26	16
White	49	30	Associate	6	4
Hispanic	5	3	Bachelors	38	23
Other	7	4	Masters	28	17
			Doctorate	2	1

The last part of the staff interview was a series of open-ended questions about their work with the Crisis Nursery. The responses were entered into the computer as they were given, then categorized. The percentage of individuals in each category will be described in this report.

When asked what they liked best about their job with the crisis nursery program, 72% of the staff members interviewed listed being with and helping children; 36% being with and helping parents and/or families; 26% liked the work environment and their co-workers; 20% found the work personally rewarding; 18% particularly liked the variability/flexibility of the job; and 10% mentioned the challenge of the work.

Asked what they liked least about the job, 6% could think of nothing they disliked; 41% mentioned administrative or programmatic issues; 24% found the work emotionally difficult; 20% had concerns about child or family characteristics; 11% did not like the pay; 10% or less listed the lack of program facilities or resources, the loss of contact with the child/family when they left the program, the paper work, and seeing the abuse of children.

The next question addressed ways in which the program could be improved. When asked for their suggestions, 11% of the staff at the crisis nursery sites could think of nothing; 30% wanted to modify the parent or family component; 28% suggested improving the facilities in a variety of ways; 21% wanted to modify the child component, and make changes in staff development or relations; 16% recommended additional staff and 13% increased funding; and 11% thought the program needed to increase its community outreach efforts. Fewer than 10% mentioned the need for transportation both for the staff to transport children to activities and for parents to access the program; and raising the eligibility age, in large part to keep siblings from being separated.

The final question concerned training the care providers felt they needed or wanted. Most programs provided training on an ongoing basis. For that reason, 6% could think of no training they had not already had or did not have available to them, and 73% mentioned such idiosyncratic training needs, they could not be categorized. However, many of the areas were mentioned by a substantial number of care providers. Thirty four percent indicated they needed training on understanding children and their needs; 23% wanted to know more about family issues; 20% were interested in the area of abuse in general, and 6% each mentioned the specific areas of sexual and substance abuse; 18% wished for training on the special needs of children; 15% on child development; 10% asked for CPR/First Aid; and 5% wanted information about cultural sensitivity.

Respite Care Staff

At the 24 respite care sites, 142 care providers participated in the interviews. They were, again, predominantly women (91%) and white (83%). Nine percent were African American, 5% Hispanic, and 3% Native American. Slightly more than half (57%) were themselves parents. Of the people interviewed, 73% described themselves as direct care providers, 25% as administrators, one person was a consultant, and two Other. Among the respite care providers, 34% had a high school education or less; 13% associate degrees; 42% a bachelor's degree; 11% a master's degree; and one had a doctorate. No one discipline was mentioned more than others.

Demographic Information - Respite Care Staff

	Respondent's Age	Years of Work
N	141.0	127.0
Mean	35.1	7.4
SD	10.1	5.9

Respondent's Race	%	N
African American	9	13
White	83	118
Hispanic	3	4
Native American	5	7

Education	%	N
High School	47	33
Associate	18	13
Bachelors	60	42
Masters	16	11
Doctorate	>1	1

When asked what they liked the most about their work with the respite care program, 26% found the work personally rewarding; 23% liked working or being with children; 21% mentioned the work environment and their co-workers; 17% each liked working with families and the flexibility/variability of the job; and 16% liked helping families. Other areas mentioned by less than 10% of those interviewed were the challenge of the work, the progress of the clients, giving families a break, and serving others.

When asked what they liked least, 22% could think of nothing the did not like; 32% mentioned administrative or programmatic issues; 24% each said system or policy issues, and insufficient time or resources; 22% spoke of the status or condition of the people they served; emotions/feelings and work conditions were noted by 17%; parent/provider interactions by 15%; and pay by 12%.

There was little agreement among respite care providers about what would improve the programs. Although a number of suggestions were made, less that 20% of those interviewed agreed on any one of them, and 18% said they could not think of anything. Between 14% and 19% suggested more money be put into the programs, additional services be offered, more time to work with the clients be scheduled, and that policy and administrative issues be addressed. Less than 10% recommended expanding or modifying the family component, addressing the problems of parent/caregiver interactions, examining the transportation question, increasing outreach, and providing increased recreational equipment or opportunities.

With the exception of 14% who could think of no additional training needs and the 6% who said the best training was personal experience, the kinds of training respite providers mentioned included information about disabilities and medical conditions, 30%; training in behavior management, 20%; family issues, 18%; CPR/First Aid and administrative/program issues, 16%; and clinical training, 13%. Less than 10% mentioned sign language and communication skills, how to provide services to children, and dealing with emotions.

Staff Assessment Measures

Staff Job Satisfaction

Following the interview, staff were asked to complete three measures of job satisfaction: Hoppock's Job Satisfaction Questionnaire (Hoppock, 1935), a Job Descriptive Index (Smith, Kendall, & Hulin, 1969), and a Satisfaction-Dissatisfaction Questionnaire (Palsha, 1989). Overall, in both the crisis nurseries and the respite care programs, staff expressed satisfaction with their jobs on all three measures.

The Hoppocks Job Satisfaction Questionnaire consists of four questions, and respondents indicate which response best agrees with their feelings about aspects of their job. The first question asks how much of the time the respondents feel satisfied with their job, on a seven point scale from Never to All The Time; the second asks which statement best tells how well they like their job, on a seven point scale ranging from I Hate It to I Love It; the third asks how they feel about changing jobs, on a seven point scale from I Would Quit This Job At Once If I Could to I Would Not Exchange My Job For Any Other; and the fourth asks, on a six point scale, compared to others, how much do you like your job, from No One Dislikes His Job More Than I Dislike Mine to No One Likes His Job Better Than I Like Mine. Means and standard deviations for staff of both respite care programs and crisis nurseries are presented below.

As can be seen, the mean scores for both groups are high, indicating a good deal of satisfaction with their job. In addition, there was not a lot of variability among respondents. No one rated any question with a one, and, with the exception of two responses, no one rated any question below a

four. A t-Test analysis between the two groups indicated no differences in mean responses as a function of program type.

Hoppocks Job Satisfaction Questionnaire

Item	X	SD	X	SD
How much of the time your are satisfied with your job	5.8	.81	5.7	.91
How well you like your job	6.2	.73	6.1	.91
How you feel about changing your job	5.6	.81	5.8	.97
Compared to others, how much you like your job	4.8	.54	4.9	.69

A second satisfaction measure was the Job Descriptive Index. This measure allows the respondent to describe aspects of the job through the use of descriptive words which the respondent agrees do or do not describe that aspect of their job. If unsure, a '?' may be employed. The aspects of their job that are included are Work, Supervision, Pay, Promotions, and Co-Workers. Many persons working in respite care programs are part-time employees. Consequently, many had difficulty answering some questions. For example, Supervision is less of an issue when one is working on one's own, in the clients home. As part time employees doing a specific job, Promotion is not always relevant. For this item nearly 50% of those staff completing this measure did not respond, or marked it '?'. Many people providing both respite and crisis services seldom see any co-workers, and approximately a quarter of the respondents left those items blank, or marked them '?'. Overall, there were no differences between respite care and crisis nursery staff in their responses to the items on this measure. Because this measure did not capture the working situation of such a large proportion of the staff, it will not be used in future site visits.

The third measure of staff job satisfaction looked at 38 areas on a six point scale of Very Satisfied to Very Dissatisfied, with the option of Not Applicable. For no item did either group express dissatisfaction. While both groups expressed overall satisfaction with their jobs, respite care workers expressed a statistically significantly higher level of overall satisfaction. For 11 individual items, there were significant differences between the responses of the respite care and crisis nursery workers. As was seen in the responses to the JDI, there were differences that were related to the part-time nature of most respite care work. For example, not only did more respite care workers mark satisfaction with Benefits as Not Applicable, but significantly more were dissatisfied (58%). Crisis nursery staff, on the other hand, were more satisfied with Benefits (78%). Since far more respite care workers are part-time employees, benefits are often not included in their pay. Respite care staff were also less satisfied with the amount of their pay. Crisis nursery staff were less satisfied with the work environment in the homes of the families they serve and in their relationships with the parents/families. Crisis nursery personnel were less satisfied with the sense of accomplishment they achieved from working with families, and with the recognition for work well done with families. Respite care staff were more satisfied with several more intangible aspects of their work - job autonomy, reception of their ideas, the opportunity to do challenging and interesting work and to meet personal goals. On the other hand, respite care workers were less satisfied with the amount of time they had to spend in travelling. Considering the stressful nature of the work for both respite care and crisis nursery program staff, the overall high levels of satisfaction with their work, speaks to the high level of commitment these individuals bring to the work place.

Summary

The aim of the program site visits was to learn more about who were the families who used the respite care and crisis nursery services, and who were the people who staffed those programs. The following represents the information that was gleaned from the interviews and from the assessment measures.

There were some clear differences in the demographic make-up of the family members interviewed from the two types of programs. Those participating in the interviews from the crisis nurseries were likely to be single, divorced or separated women, who could be White or African American, and were not working outside their home. Respondents from respite care programs were more likely to be White, married women, who worked full time. Both mothers and fathers using respite care services had higher levels of education and better jobs than did parents using crisis nurseries. Family assessment measures indicated that the families using crisis nurseries were more likely to feel they had little control over the outcomes in their lives, to be out of work, to have insufficient monies for anything beyond basic needs, and to be dissatisfied with the way their family was functioning.

None of these findings from the crisis nursery sites are unexpected, but they underscore the needs experienced by these families and the circumstances under which they are raising their children. An interesting finding was the aspect of the program that crisis nursery families found to be the most helpful. Almost half of those interviewed volunteered the belief that the high quality of child care was the most helpful part of the program. They added such statements as 'I knew I didn't have to worry about my children', 'I knew my children were safe', and 'My children liked the place as much as I did'. It is difficult to leave your children, but the difficulty is eased when parents, and children, are comfortable with those who are providing the care. The high level of satisfaction expressed by families from both programs is indicative of the value of respite care and crisis nursery services to families and the community.

As there were differences between families from the two types of programs, so were there differences between staff. Administrative staff and care providers in crisis nursery sites were likely to be White or African-American women with 10 years of human services experience, who worked full time and had a bachelors or masters degree in social work. In the respite care programs, staff and care providers were likely to be White women with seven years of human services experience, who worked part time and had a variety of professional backgrounds.

Although both groups expressed satisfaction with their work, respite care workers were happier with their jobs than were those working in crisis nursery settings. Anecdotal evidence would indicate that there may be a number of reasons for this difference. Among these may be the part-time nature of the work with respite care programs, and the opportunity to develop long term relationships between respite care staff and the families they serve. Additional explanations may be the difficult situations of the families utilizing crisis nursery services, and the challenging task of helping families to effect meaningful change in their lives. How these differences may affect the rate of staff retention and satisfaction are areas that need further exploration.

The results of the site visits indicate differences exist between families who use crisis nursery and respite care services. As has been shown, these differences include both demographic characteristics and areas of family functioning. Overall, differences reflect the more troubled lives experienced by families utilizing crisis nursery services, and have implications for pre- and in-service training, and program development and implementation. These findings will be shared with those providing services and those making policy decisions affecting the lives of families, in the hopes that the views of the families will influence future program directions.

References

Dunst, C.J., & Leet, H.E. (1987). Measuring the adequacy of resources in households with young children. Child: care, health and development, 13(2), 111-125.

Garner-McGraw, J. (1990). Service Satisfaction Scale. Unpublished scale, the University of North Carolina at Chapel Hill, Chapel Hill, NC.

Hoppock, R. (1935). Job Satisfaction. New York: Harper & Row.

McCubbin, H.I., Larsen, A., & Olson, D.H. (1981). Family Crisis Oriented Personal Evaluation Scale. Madison, WI: The University of Wisconsin.

Nowicki, S., & Duke, M.P. (1974). A locus of control scale for noncollege as well as college adults. Journal of Personality Assessment, 38, 136-137.

Palsha, S. (1989). A study of personal and organizational factors contributing to employee turnover of early childhood interventionists. Doctoral dissertation, The University of North Carolina at Chapel, Chapel Hill, NC.

Simeonsson, R.J. (1987). FAMILIES Index. Unpublished scale, The University of North Carolina at Chapel, Chapel Hill, NC.

Simeonsson, R.J., & Bailey, D.B. (1988). Essential elements of the assessment process. In T.D. Wachs & R. Sheehan (Eds.), Assessment of developmentally disabled infants and preschool children (pp. 25-41). New York: Plenum Press.

Smilkstein, G. (1978). The Family APGAR: A proposal for a family function test and its use by physcians. The Journal of Family Practice, 6(6), 1231-1239.

Smith, P.C., Kendall, L.M., & Hulin, C.L. (1969). The measurement of satisfaction in work and retirement. Chicage: Rand McNally.

APPENDIX

Crisis Nursery Family Interview

Respite Care Family Interview

Staff Interview

PROGRAM ID# _____
FAMILY ID# _____
DATE _____

CRISIS NURSERY FAMILY INTERVIEW

We would like to know a little about your family, so that we can understand what you feel you need from the crisis nursery program and how you use the service now. Please answer the following questions, keeping in mind that the information will be kept strictly confidential. You will only be identified by a code number.

1. Who is completing the interview?

   _____ Child's mother
   _____ Child's father
   _____ Child's grandmother
   _____ Child's grandfather
   _____ Child's foster parent
   _____ Other relationship to the child
   (please describe_____)

2. How old are you?_____

3. What is your race? (Circle)

   African Amer. White Asian Native Amer. Hispanic Other_____

4. What is your marital status? (Circle)

   Single Married Divorced Separated Widowed Other _____

5. Your spouse/partner's age _____

6. Your spouse/partner's race:

   African Amer. White Asian Native Amer. Hispanic Other_____

7. Child's mother's occupation:_____

   Please check one: Part time_____ Full time_____

8. Child's father's occupation:_____

   Please check one: Part time_____ Full time_____

9. Child's mother's education (check one):

   _____ Completed some high school
   _____ Graduated from high school or obtained GED
   _____ Completed training in a technical school (associate's degree)
   _____ Completed some college
   _____ Graduated from college (bachelor's degree)
   _____ Graduate school degree (master's or doctorate)

10. Child's father's education (check one):

_____ Completed some high school
_____ Graduated from high school or obtained GED
_____ Completed training in a technical school (associate's degree)
_____ Completed some college
_____ Graduated from college (bachelor's degree)
_____ Graduate school degree (master's or doctorate)

11. How many children do you have?

_____ Biological _____ Step

_____ Foster _____ Adopted

12. How many people live in the your home?

_____ Adults _____ Children

13. Why did you come to the crisis nursery program?

14. What did you expect or hope would result from this service?

15. What type of crisis nursery service do you use? (check any that apply)

_____ A care provider comes to my home.
_____ My child(ren) go to a care provider's home.
_____ My child(ren) go to a center for care for a few hours.
_____ My children to go to a care provider's home for overnight/weekend care.
_____ My child(ren) go to a center for overnight/weekend care.
_____ Other (please describe)

16. What kind of crisis nursery service would be most helpful for your family, if it were available?

_____ A care provider comes to my home.
_____ My child(ren) go to a care provider's home.
_____ My child(ren) go to a center for care for a few hours.
_____ My child(ren) go to a care provider's home for overnight/weekend care.
_____ My child(ren) go to a center for overnight/weekend care.
_____ Other - please describe.

17. How often did you use the crisis nursery services in the past three months? (check one)

_____ I have not used the crisis nursery services yet.
_____ I have used the crisis nursery only once or twice.
_____ I used the crisis nursery about once or twice a month.
_____ I used the crisis nursery about once each week.
_____ I used the crisis nursery more than once each week.
_____ I used the crisis nursery less than once a week.

18. When you used the crisis nursery, how long did your child(ren) stay ? (check all that apply, and put "1" for most typical)

_____ For 1 to 2 hours
_____ For 3 to 5 hours
_____ For a whole day
_____ For an overnight
_____ For a weekend
_____ For a week

19. How did you use your time while your child was being cared for? (check all that apply)

_____ Emergencies only.
_____ Relaxing time with my spouse or partner
_____ To do things with my other children
_____ To get work done
_____ To run errands
_____ To spend time alone
_____ Other (please describe)_____

20. What other services, besides crisis nursery, do you receive from professional agencies? (check all that apply)

_____ Public health services
_____ Mental health services
_____ Case management/case worker/social worker
_____ Public assistance (AFDC, food stamps, medicaid,etc.)
_____ Home health service
_____ Counseling or therapy
_____ Day care
_____ After-school program
_____ Other (please describe)_____

21. Describe any formal crisis nursery services you received prior to the current program.

22. What kind of training do you think crisis nursery staff should have? What areas should they receive training in?

23. What, if anything, do you feel your family has gained as a result of using the crisis nursery program?

24. What are the most helpful parts of the program for you?

25. How could the program be improved?

PROGRAM ID# _____
FAMILY ID#_____
DATE _____

RESPITE FAMILY INTERVIEW

We would like to know a little about your family, so that we can understand what you feel you need from the respite care program and how you use respite care services now. Please answer the following questions, keeping in mind that the information will be kept strictly confidential. You will only be identified by a code number.

1. Who is completing the interview?

   _____ Child's mother
   _____ Child's father
   _____ Child's grandmother
   _____ Child's grandfather
   _____ Child's foster parent
   _____ Other relationship to the child
   (please describe_____)

2. How old are you?_____

3. What is your race? (Circle)

   African Amer. White Asian Native Amer. Hispanic Other_____

4. What is your marital status? (Circle)

   Single Married Divorced Separated Widowed Other _____

5. Your spouse/partner's age_____

6. Your spouse/partner's race

   African Amer. White Asian Native Amer. Hispanic Other_____

7. Child's mother's occupation:_____

   Please check one: Part time_____ Full time_____

8. Child's father's occupation:_____

   Please check one: Part time_____ Full time_____

9. Child's mother's education (check one):

   _____ Completed some high school
   _____ Graduated from high school or obtained GED
   _____ Completed training in a technical school (associate's degree)
   _____ Completed some college
   _____ Graduated from college (bachelor's degree)
   _____ Graduate school degree (master's or doctorate)

10. Child's father's education (check one):

_____ Completed some high school
_____ Graduated from high school or obtained GED
_____ Completed training in a technical school (associate's degree)
_____ Completed some college
_____ Graduated from college (bachelor's degree)
_____ Graduate school degree (master's or doctorate)

11. How many children do you have?

_____ biological _____ foster

_____ step _____ adopted

12. How many people live in the your home?_____

_____ Adults _____ Children

13. Why did you begin using respite care?

14. What did you expect or hope would result from this service?

15. What type of respitecare do you use? (check any that apply)

_____ A care provider comes to my home to provide care.
_____ My child goes to a care provider's home for care.
_____ My child goes to a center for group care for a few hours.
_____ My child goes to a care provider for overnight/weekend care
_____ My child goes to a center for overnight/weekend care.
_____ Other (please describe)_____

16. What kind of respite care would be most helpful for your family, if it were available?

_____ A care provider comes to my home to provide care.
_____ My child goes to a care provider's home for care.
_____ My child goes to a center for group care for a few hours.
_____ My child goes to a care provider for overnight/weekend care
_____ My child goes to a center for overnight/weekend care.
_____ Other (please describe)_____

17. How often have you used respite care in the past three months? (check one)

_____ I have not used the respite care services yet.
_____ I have used respite care only once or twice so far.
_____ I use respite care about once or twice a month.
_____ I use respite care about once each week.
_____ I use respite care more than once each week.

18. Is this representative of how often you usually use respite?

_____ Yes _____ No

19. If no, how much do you usually use it?

_____ I usually use respite care about once or twice a month.
_____ I usually use respite care about once each week.
_____ I usually use respite care more than once each week
_____ Other - -please specify

20. If you could have respite care whenever you wanted it, how often would you use it?

_____ About once or twice a month.
_____ About once a week.
_____ More than once a week
_____ Other - -please specify

21. When you have used respite care, for how long a period has it been? (check all that apply and put "T" for most typical)

_____ For 1 to 2 hours
_____ For 3 to 5 hours
_____ For a whole day
_____ For an overnight
_____ For a weekend
_____ For a week

22. What do you use your respite care time for? (check all that apply)

_____ Emergencies only.
_____ Relaxing time with my spouse or partner
_____ To do things with my other children
_____ To do social things with friends
_____ To get work done
_____ To run errands
_____ To spend time alone
_____ Other (please describe)_____

23. What other services, besides respite care, do you receive from professional agencies? (check all that apply)

_____ Public Health Services
_____ Home Health Service
_____ Counseling or Therapy
_____ Mental Health Services
_____ Day Care
_____ After-school Program
_____ Case management/case worker/social worker
_____ Public assistance (AFDC, food stamps, medicaid,etc.)
_____ Other (please describe)_____

24. Describe any formal respite services you received prior to the current program.

25. What kinds of training do you feel care providers should receive before providing respite care services? In what areas should they receive training? And who should provide it?

26. What, if anything, do you feel that your family has gained as a result of using the respite care service?

27. What are the most helpful parts of the program for you?

28. How could the program be improved?

Date _____

STAFF INTERVIEW

1. Program ID_____ 2. Staff ID#_____

3. Sex:

_____ Female _____ Male

4. Age: _____

5. Race

_____ African American ____ White _____ Asian

_____ Native American ____ Hispanic _____ Other

6. Parental Status

_____ No children ____ Have children

Discipline Codes:		
01 Audiology	07 Occupational Therapy	13 Special Education
02 Education	08 Physical Education	14 Speech/Language
03 Medicine	09 Physical Therapy	15 Other (specify)
04 Music Therapy	10 Psychology	16 Early Childhood/Child Dev.
05 Nursing	11 Rehabilitation	17 Human Development
06 Nutrition	12 Social Work	

8. Please indicate the degree(s) you have earned and place the appropriate discipline and code in the space following the degree.

Degree	Discipline	Code
_____ High School Diploma	_____	_____
_____ Associate	_____	_____
_____ Bachelors	_____	_____
_____ Masters	_____	_____
_____ Doctorate	_____	_____

9. If you are a student, please indicate the degree(s) you are currently seeking and place the appropriate discipline and code in the space following the degree.

Degree	Discipline	Code
_____ High School Diploma	_____	_____
_____ Associate	_____	_____
_____ Bachelors	_____	_____
_____ Masters	_____	_____
_____ Doctorate	_____	_____

10. Have you any previous professional experience in human services? Yes No

If yes, how many - Years _____ Months _____

Which of the following ages did it involve - check all that apply.

	Yes	No
Infants and toddlers (0-3)	_____	_____
Preschool children (3-5)	_____	_____
School-aged children (5-12)	_____	_____
Teens/Adolescents (13-20)	_____	_____
Adults (over 20)	_____	_____
Older Adults (over 60)	_____	_____

11. Check the area(s) corresponding to your present position.

_____ Administrator
_____ Consultant
_____ Direct service provider
_____ Other

12. Briefly describe your present job:

13. What do you like most about your job.

14. What do you like least about your job?

15. How do you feel that the program could be improved?

16. What training would be most helpful to you in doing your job?